

Exhibit B

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Shellpoint Mortgage Servicing via mail: P.O. Box 10826 Greenville, SC 29603-0826, fax: 866-467-1187, or online: Lossmitigation@shellpointmtg.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Shellpoint Mortgage Servicing at 866-825-2174.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: Kathleen Mason

Social Security Number (last 4 digits): 574 0283

E-mail address: baylockkathleen856@gmail.com

Primary phone number: (856) 514-4092

Alternate phone number: _____

Cell Home Work Other

Cell Home Work Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____

Alternate phone number: _____

Cell Home Work Other

Cell Home Work Other

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: 1446 South Ninth Street, Camden NJ 08104

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner occupied Renter occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? Yes No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No – If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

Short-term (up to 6 months)

Long-term or permanent (greater than 6 months)

Resolved as of (date) _____



TYPE OF HARDSHIP (CHECK ALL THAT APPLY)		REQUIRED HARDSHIP DOCUMENTATION
<input checked="" type="checkbox"/> Unemployment		<ul style="list-style-type: none"> ▪ Not required ▪ Not required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)		<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)		<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment		<ul style="list-style-type: none"> ▪ Not required
<input checked="" type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member		<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability or illness <p>Note: Detailed medical information is not required, and information from a medical provider is not required</p>
<input type="checkbox"/> Divorce or legal separation		<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law		<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner		<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation		<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above:		<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.



MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$ <u>—0—</u>	<ul style="list-style-type: none"> ▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR ▪ Two most recent bank statements showing income deposit amounts
Self-employment income	\$ <u>—0—</u>	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing self-employed income deposit amounts OR ▪ Most recent signed and dated quarterly or year-to-date profit/loss statement OR ▪ Most recent complete and signed business tax return OR ▪ Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$ <u>885 80</u> <u>700</u>	<ul style="list-style-type: none"> ▪ No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$ <u>—</u>	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$ <u>—</u>	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$ <u>900.</u>	<ul style="list-style-type: none"> ▪ Two most recent bank statements demonstrating receipt of rent OR ▪ Two most recent deposited rent checks
Investment or insurance income	\$ <u>—</u>	<ul style="list-style-type: none"> ▪ Two most recent investment statements OR ▪ Two most recent bank statements supporting receipt of the income
Other types of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$ <u>—</u>	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing receipt of income OR ▪ Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$ <u>—</u>
Savings, money market funds, and Certificates of Deposit (CDs)	\$ <u>—</u>
Stocks and bonds (non-retirement accounts)	\$ <u>—</u>
Other:	\$ <u>—</u>

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: X Kathleen Bass Date: 10.18.21

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to Shellpoint Mortgage Servicing via mail: P.O. Box 10826 Greenville, SC 29603-0826, fax: 866-467-1187, or online: Lossmitigation@shellpointmtg.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.

P.O. BOX 51850
LIVONIA MI 48151-5850
RETURN SERVICE REQUESTED



S-SFRECS20 L-2150 R-106
PDBNL600200073 - 648257497 I01819
KATHLEEN MASON
PO BOX 110
4 1/2 NORTH BROADWAY
GLOUCESTER CITY NJ 08030

Loan Number: 057091568
Property: 1446 S 9TH ST
CAMDEN, NJ 08104

CONTACT INFORMATION

Correspondence: P.O. Box 10826
Greenville, SC 29603-0826
Business Hours: **Mon - Thurs:** 8:00AM-6:00PM
Fri: 8:00AM-5:00PM
Phone Number: 866-825-2174
Fax: 866-467-1187
Email: Lossmitigation@shellpointmtg.com
Website: www.shellpointmtg.com

12/24/2020

In accordance with the Taxpayer First Act, as your loan servicer, we are required to obtain your consent to be able to share your tax information with another party. Such sharing would extend to actual or potential owners of the loan or any other loan participant. Please sign and date this Taxpayer Consent Form and return it to us.

TAXPAYER CONSENT FORM

I understand, acknowledge, and agree that Shellpoint Mortgage Servicing and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. Shellpoint Mortgage Servicing includes Shellpoint Mortgage Servicing's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

Kathleen Baylock
KATHLEEN MASON

8.18.21
Date

Shellpoint Mortgage Servicing
P.O. Box 10826
Greenville, SC 29603-0826



General Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

In order to assist you in resolving your delinquency, Shellpoint Mortgage Servicing may be able to schedule a face to face meeting with yourself and a representative with loss mitigation authority to evaluate you for available loss mitigation options that may be available to you. If you wish to request a meeting, please contact our office at the address below or contact our Loss Mitigation department at 866-825-2174.



Please read the following important notices as they may affect your rights.

If you are a customer in bankruptcy or a customer who has received a bankruptcy discharge of this debt: please be advised that this notice is to advise you of the status of your mortgage loan. This notice constitutes neither a demand for payment nor a notice of personal liability to any recipient hereof, who might have received a discharge of such debt in accordance with applicable bankruptcy laws or who might be subject to the automatic stay of Section 362 of the United States Bankruptcy Code. However, it may be a notice of possible enforcement of the lien against the collateral property, which has not been discharged in your bankruptcy.

Attention Servicemembers and Dependents: The federal Servicemembers Civil Relief Act and certain state laws provide important protections for you, including interest rate protections and prohibiting foreclosure under most circumstances during and twelve months after the servicemember's military or other service. Counseling for covered servicemembers is available from Military OneSource (800-342-9647) and the United States Armed Forces Legal Assistance or other similar agencies. For more information, please visit the Military OneSource website www.militaryonesource.mil/.

Notice of Error or Information Request Address: You have certain rights under Federal law related to resolving errors in the servicing of your loan and requesting information about your loan. If you want to request information about your loan or if you believe an error has occurred in the servicing of your loan and would like to submit an Error Resolution or Informational Request, please write to us at the following address: Shellpoint Mortgage Servicing P.O. Box 10826 Greenville, SC 29603-0826

Shellpoint Mortgage Servicing utilizes third-party providers in connection with the servicing of your loan, but Shellpoint Mortgage Servicing remains responsible for all actions taken by third-party providers.

A successor in interest is someone who acquires an ownership interest in a property secured by a mortgage loan by transfer upon the death of a relative, as a result of a divorce or legal separation, through certain trusts, between spouses, from a parent to a child, or when a borrower who is a joint tenant or tenant by the entirety dies. If you are a successor in interest, or you think you might be, please contact by phone, mail or email to start the confirmation process.

Our system of record has your preferred language as English.

If you prefer to receive communication in a language other than English, please contact us at 866-825-2174 to speak with a translator in your preferred language about the servicing of your loan or a document you received.

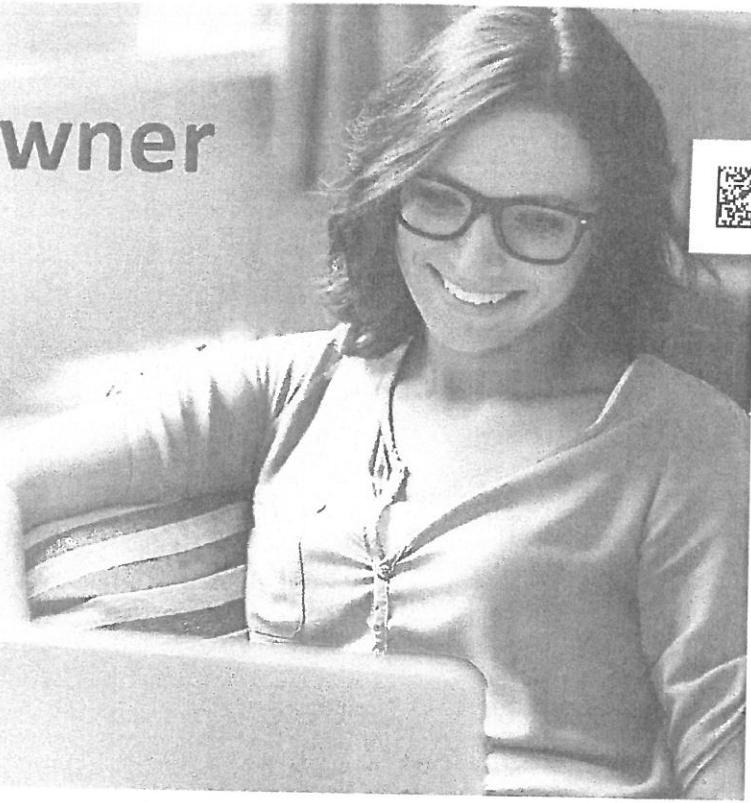
Si prefiere recibir las comunicaciones en otro idioma que no sea el inglés, por favor, contáctenos en el 866-825-2174 para hablar con un traductor en el idioma de su preferencia sobre la gestión de su préstamo o cualquier documento que haya recibido.

如果您要使用英语以外的其他语言进行交流, 请致电 866-825-2174, 我们将根据您首选的语言安排相应的译员, 与您就贷款服务事项或您所接收的文件进行商讨。

Please note that we operate as NewRez Mortgage LLC dba Shellpoint Mortgage Servicing in Arkansas and Texas.

Visit your homeowner portal today!

As a Shellpoint homeowner, you have access to a secure borrower portal with helpful features that are available to you at any time, day or night!



www.ShellpointMortgageServicing.com

Instant Prequalification - Conduct a self evaluation to determine eligibility for one of our loss mitigation workout options.

Download Forms - Download all the documents required to complete your application.

Submit Documents - Upload all the documents required to complete your application.

Workout Status - Review the status of your workout option or foreclosure alternative in real time.

Payments - Make your trial, repayment plan, and other payments online.

Everything Else - Access helpful information about available options and other important information.

 **Shellpoint**
Mortgage Servicing

www.ShellpointMortgageServicing.com

LossMitigation@shellpointmtg.com
phone 866-825-2174
fax 866-467-1187

Registration Process

If you already have an account with us, simply go to www.shellpointmtg.com and log in using your name and password.

If you have not created an account, please follow these easy steps:

1. Visit our website at www.ShellpointMortgageServicing.com
2. Click "Register Here"
3. Follow the easy on-screen instructions

Homeowner Checklist

For Your Information Only - Do Not Return with Your Borrower Response Package

GET STARTED – use this checklist to ensure you have completed all required forms and have the right information.

Step 1	<input checked="" type="checkbox"/> Review the information provided to help you understand your options, responsibilities, and next steps: <input checked="" type="checkbox"/> Loan modification options <input checked="" type="checkbox"/> Frequent Asked Questions
Step 2	<input checked="" type="checkbox"/> Complete and sign the enclosed Borrower Assistance Form. Must be signed by all borrowers on the mortgage (notarization is not required) and must include: <input checked="" type="checkbox"/> All income, expenses, and assets for each borrower <input checked="" type="checkbox"/> An explanation of financial hardship that makes it difficult to pay the mortgage <input checked="" type="checkbox"/> Your acknowledgment and agreement that all information that you provide is true and accurate
Step 3	<input checked="" type="checkbox"/> Complete and sign a dated copy of the enclosed IRS Form 4506-T <input checked="" type="checkbox"/> For each borrower, please submit a signed, dated copy of IRS Form 4506-T (Request for Transcript of Tax Return) <input type="checkbox"/> Borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both joint filers. The form must be fully completed, cannot have any alterations, and the signatory box above signature needs to be checked
Step 4	<input checked="" type="checkbox"/> Provide required hardship documentation. This documentation will be used to verify your hardship. <input checked="" type="checkbox"/> Follow the instructions set forth on the Borrower Assistance Form (attached)
Step 5	<input checked="" type="checkbox"/> Provide required income documentation. This documentation will be used to verify your hardship and all of your income (Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan). <input checked="" type="checkbox"/> Follow the instructions set forth on the Borrower Assistance Form (attached) <input checked="" type="checkbox"/> You may also disclose any income from a household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you elect to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower. See Page 2 of the Borrower Assistance Form for specific details on income documentation <input checked="" type="checkbox"/> For all borrowers, please include two most recent bank statements for all open accounts
Step 6	<input type="checkbox"/> Gather and send completed documents—your Borrower Response Package. You must send in all required documentation listed in steps 2-4 above and summarized below: <ul style="list-style-type: none">• Borrower Assistance Form (attached)• Form 4506-T (attached)• Current HOA statements within 60 days (if property is in a Homeowners Association)• Income documentation as outlined on Page 2 of the Borrower Assistance Form (attached)• Hardship documentation as outlined on Page 3 of the Borrower Assistance Form (attached)• Attorney consent letter authorizing us to contact to discuss with you your loss mitigation options (if you are in an active bankruptcy)• Bank statements (Provide your 2 most recent statements for all banking and investment accounts. Include all statement pages even if they are blank)• Letter of explanation for any deposit or transfer of funds over \$1,000.00• Paystubs, if a wage earner (Provide at least two paystubs covering a minimum 30 day timeframe. Paystubs cannot be any older than 90 days)• Profit and Loss, if self-employed (Provide at least the most recent two consecutive years and 2 most recent consecutive business tax returns)

Please mail all documents above to us: Shellpoint Mortgage Servicing
P.O. Box 10826
Greenville, SC 29603-0826

IMPORTANT REMINDERS:

- If you cannot provide the documentation within the time frame provided, have other types of income not specified on Page 2 of the Borrower Assistance Form, cannot locate some or all of the required documents, or have any questions, please contact us at 866-825-2174.
- Keep a copy of all documents and proof of mailing/emailing for your records. **Don't send original income or hardship documents. Copies are acceptable.**

Questions? Contact us at 866-825-2174

Frequently Asked Questions
For Your Information Only - Do Not Return with Your Borrower Response Package



1. Why did I receive this package?

We were recently notified of your bankruptcy filing. We are sending this information to you now so that we can work with you to quickly resolve any temporary or long-term financial challenge you face.

2. What if I don't want to stay in my home anymore?

You may have good reasons for needing to leave your property, such as a job relocation, a divorce, financial hardship due to the death of a borrower, or some other reason preventing you from keeping your property. If you intend to transition out of your home, please indicate that you want to sell or vacate the property on page 1 of the attached Borrower Assistance Form and we may first evaluate you for a short sale or Mortgage Release (deed-in-lieu). Even if you are approved for one of those workout solutions, we may consider you for a mortgage loan modification.

3. Will It cost money to get help?

There should never be a fee from your servicer or qualified counselor to obtain assistance or information about loss mitigation options. However, this has become a target for scam artists. Be wary of companies or individuals offering to help you for a fee, and never send a mortgage payment to any company other than the one listed on your monthly mortgage statement or one designated to receive your payments under a state assistance program.

4. What happens once I have sent the Borrower Response Package to you?

We will contact you within three business days of our receipt of your Borrower Response Package to confirm that we have received your package and will review it to determine whether it is complete. Within five business days of receipt of your request, we will send you a notice of incompleteness in the event there is any missing information or documentation that you must still submit. We cannot guarantee that you will receive any (or a particular type of) assistance.

Within 30 days of receipt of a complete Borrower Response Package, we will let you know which loss mitigation option, if any, are available to you and will inform you of your next steps to accept our offer. **Please submit your Borrower Response Package as soon as possible.**

5. Is housing counseling available?

Yes, HUD-approved counselors are available to provide you with the information and assistance you may need. You can use the search tool at <http://www.hud.gov/offices/hsg/sfh/hcc/fc/> to find a counselor near you or by calling 1(888)995-HOPE (4673).

6. I have seen ads and flyers from companies offering to help me for a fee. Can these companies really help?

Borrowers in hardships have become a target for scam artists. We suggest using the HUD Web site referenced in question 5 to locate a counselor near you.

7. Will my credit report be pulled during a loss mitigation evaluation?

Yes. Shellpoint will pull a credit report to verify information in the course of your evaluation for a foreclosure alternative. Shellpoint will do this in the form of a "soft pull" or "soft inquiry". This has no impact on your scores. Upon request, Shellpoint will provide you with the name and address of the consumer reporting agency that furnished the report. Everyone should check their reports at least annually. It's part of good credit management and completely free from AnnualCreditReport.com.

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.



On Page 2, you must disclose information about **all** of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) required income documentation; (3) required hardship documentation ; and (4) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income).

Loan Number 057201420 (usually found on your monthly mortgage statement)
Servicer's Name Shellpoint Mortgage Servicing

I want to:	<input checked="" type="checkbox"/> Keep the Property	<input type="checkbox"/> Vacate the Property	<input type="checkbox"/> Sell the Property	<input type="checkbox"/> Undecided
The property is currently:	<input checked="" type="checkbox"/> My Primary Residence	<input type="checkbox"/> A Second Home	<input type="checkbox"/> An Investment Property	
The property is currently:	<input checked="" type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied	<input type="checkbox"/> Vacant	

BORROWER		CO-BORROWER	
BORROWER'S NAME <u>Kathleen Mison</u>		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER <u>0283</u>	DATE OF BIRTH <u>8.17.69</u>	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE <u>(856) 514-4092</u>		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE <u>0</u>		CELL OR WORK NUMBER WITH AREA CODE	

MAILING ADDRESS <u>1442 South 9th St, Camden NJ 08104</u>		EMAIL ADDRESS <u>baylockkathleen856@gmail.com</u>
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		

Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what was the listing date? _____	If yes, please complete the counselor contact information below:
If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's Name: _____
Date of Offer: _____ Amount of Offer: \$ _____	Agency's Name: _____
Agent's Name: _____	Counselor's Phone Number: _____
Agent's Phone Number: _____	Counselor's Email Address: _____
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name and address that fees are paid to: _____
Total monthly amount: \$ _____	

Have you filed for bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if yes: _____	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13
if yes, what is the Filing Date: <u>2020</u>	Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Bankruptcy case number: <u>1</u>

Is any Borrower an active duty service member? <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any Borrower been deployed away from his/her primary residence or received a permanent change of station order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages <i>Cassandra</i>	\$ 2,193	First Mortgage Payment	\$ 700	Checking Account(s)	\$ —
Overtime <i>Mason/Defford</i>	\$ —	Second Mortgage Payment	\$ —	Checking Account(s)	\$ —
Child Support / Alimony*	\$ —	Homeowner's Insurance	\$ <i>1600</i>	Savings / Money Market	\$ —
Non-taxable social security / SSDI	\$ —	Property Taxes	\$ <i>1600</i>	CDs	\$ —
Taxable SS benefits or other monthly income from annuities or retirement plans	\$ —	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ —	Stocks / Bonds	\$ —
Tips, commissions, bonus and self-employed income	\$ —	Alimony, child support payments	\$ —	Other Cash on Hand	\$ —
Rents Received	\$ —	Car Lease Payments	\$ —	Other Real Estate (estimated value)	\$ —
Unemployment Income <i>(Robert Haylock)</i>	\$ 881.50	HOA/Condo Fees/Property Maintenance	\$ —	Other <i>1,446</i>	\$ —
Food Stamps/Welfare	\$ 500	Mortgage Payments on other properties	\$ —		\$ —
Other <i>(H2O) (Shawnay Loston)</i>	\$ 3,096	Other <i>Variou</i>	\$ <i>TBS</i>		\$ —
Total (Gross Income)	\$ 6,670.50	Total Household Expenses and Debt Payments	\$ —	Total Assets	\$ —
Any other liens (mortgage liens, mechanics liens, tax liens, etc.)					

Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number

Required Income Documentation

Do you earn a salary or hourly wage?

For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

Are you self-employed ?

For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

Do you have any additional sources of income? Provide for each borrower as applicable:

"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:

Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

Social Security, disability or death benefits, pension, public assistance, or adoption assistance:

Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and *SNAP*

Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

Rental income:

Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable;

If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

Investment income:

Copies of the two most recent investment statements or bank statements supporting receipt of this income.

Alimony, child support, or separation maintenance payments as qualifying income:*

Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and

Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

Short-term (under 6 months) Medium-term (6-12 months) Long-term or Permanent Hardship (greater than 12months)

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property.
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/Relocation	<p>For active-duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders.</p> <p>For employment transfers/new employment:</p> <p><input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Pay stub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation</p> <p>In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).</p>
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation



Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
 - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By checking this box, I also consent to being contacted by text messaging.



Borrower Signature

B1B21

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Homeowner Financial Worksheet

KATHLEEN MASON
Loan Number: 


	MONTHLY PAYMENT	BALANCE	NAME OF CREDITOR
Home Mortgage	<u>700</u>	<u>\$57,000</u>	
2nd Home Mortgage	<u>—</u>		
Auto Loan	<u>—</u>		
Auto Loan	<u>—</u>		
Creditor	<u>—</u>		
Student Loan	<u>—</u>		
Alimony / Support	<u>—</u>		
Child Care	<u>—</u>		
IRS	<u>—</u>		
Chapter 13	<u>\$300</u>		
Electricity	<u>120-</u>		
Heating Fuel	<u>25</u>		
Water & Sewer	<u>75</u>		Oil or Natural Gas
Telephone	<u>40</u>		
Cable TV	<u>—</u>		
Auto Insurance	<u>—</u>		
Health Insurance	<u>—</u>		Paid directly (not by employer)
Life Insurance	<u>—</u>		Paid directly (not by employer)
Medical/Dental Expenses	<u>—</u>		
Homeowner's Insurance	<u>—</u>	<u>Included in Mtg</u>	Only list here if not in Mortgage
Real Estate Tax	<u>—</u>	<u>Included in Mtg</u>	Only list here if not in Mortgage
Personal Property Tax	<u>—</u>		
Groceries	<u>500-</u>		
School Lunches	<u>—</u>		
Transportation, Parking, Tolls	<u>—</u>		
Clothing	<u>—</u>		
Dry Cleaning/Laundry	<u>—</u>		
Cell Phone	<u>20</u>		
Internet Service	<u>69-</u>		
Homeowner's Association Dues	<u>—</u>		
Recreation / Spending Money	<u>—</u>		
Charitable Donations	<u>—</u>		
Other Expenses	<u>—</u>		
TOTAL MONTHLY EXPENSES	<u>1369</u>		



HELP FOR AMERICA'S HOMEOWNERS.

MAKING HOME AFFORDABLE



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

x Kathleen Madsen

Borrower Signature

0283

Social Security Number

8.17.69

Date of Birth

10.18.21

Date

Co-Borrower Signature

Social Security Number

Date of Birth

Date

Loan ID: 057001626



- Do not sign this form unless all applicable lines have been completed.
- Request may be rejected if the form is incomplete or illegible.
- For more information about Form 4506-C, visit www.irs.gov and search IVES.



1a. Name shown on tax return (if a joint return, enter the name shown first)

Kathleen Baylock

2a. If a joint return, enter spouse's name shown on tax return

1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

157-62-0283

2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

1446 South Ninth Street, Camden NJ 08104

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request
1040

a. **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years

b. **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns

c. **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

12/31/2020 / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C.
See instructions.

Signature (see instructions)

Kathleen Baylock

Date

10.18.21

Phone number of taxpayer on line 1a or 2a

856-514-4902

Print/Type name

Kathleen Baylock

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Print/Type name



Property Taxes and Homeowners Insurance

Please indicate if you have any past due property taxes and/or homeowners insurance

Tax

Amount Past Due:

Tax agency name:

Insurance

Amount Past Due:

Company name:





P.O. Box 10826
Greenville, SC 29603-0826

Phone Number: 866-825-2174
Fax: 866-467-1187
Email: Lossmitigation@shellpointmtg.com

Mon - Thurs: 8:00AM-6:00PM
Fri: 8:00AM-5:00PM



RE: Loan # 057291006

Borrower(s)/Debtor(s): KATHLEEN MASON
Property Address: 1446 SOUTH 9TH STREET
CAMDEN, NJ 08104

ATTORNEY CONSENT FORM

In my capacity as counsel for the above-referenced Debtor(s) in the below-referenced bankruptcy case, I hereby authorize Shellpoint Mortgage Servicing and its agents to communicate directly with Debtor(s), with such communications restricted to the subject matter of a workout or loss mitigation alternative with respect to the above-referenced account number. In authorizing the same, it is understood that Shellpoint Mortgage Servicing shall not communicate with the Debtor(s) on any other issue.

~~CONSENTED TO:~~

~~Attorney Signature~~

Mark W. Ford
Attorney Name

Attorney Name

10.18.21

Date

19-23780
Bankruptcy Case Number

Hardship Letter

Please use this page to explain the hardship listed on your application for loss mitigation assistance.



My husband was in prison for one year. After being released in February 2021, he was unable to find employment and has only collected unemployment

In April, 2020 I was disabled from working and my income ceased. I am currently disabled and I have a pending workers compensation claim

I have arthritis in both knees. I can only stand for short periods of time. I am currently being treated at Cooper Internal Medicine

Kathleen Mason
KATHLEEN MASON

10.18.21
Date

Date

Loan Number: 0579916296



10/05/21

To whom this concern:

I bingyetta Bell pays
Kathleen \$300.00 for rent.

Rugabell

Social Security Administration Supplemental Security Income

Important Information

SOCIAL SECURITY
6 EXECUTIVE CAMPUS
SUITE 200
CHERRY HILL NJ 08002
Date: August 31, 2021
BNC#: 2021S1469C73149 DL

172-21S1469C73149

KATHLEEN L BAYLOCK
FOR KINYETTA BELL
1446 S 9TH ST
CAMDEN NJ 08104

KINYETTA BELL's current monthly Supplemental Security Income (SSI) payment is \$825.25 for October 2021. She will continue to get this amount each month unless there is a change in the information we use to figure her payment. This amount includes \$31.25 from the State of New Jersey.

When You Will Receive Her Payments

Your bank or other financial institution should have received a payment of \$302.03 by August 28, 2021. This payment covers October 2018 through January 2019. Your bank or other financial institution will receive her regular monthly payment of \$825.25 around October 1, 2021, and on the first of each month after that.

Information About KINYETTA BELL's SSI Payments

Because she was overpaid previously and still owes us \$49.32, we are withholding \$49.32 from the amount now due for September 2018 through October 2018 to recover the overpayment.

Information About KINYETTA BELL's Back Payments

- For October 2018 through February 2020, we paid her too much money for some months and not enough money for other months. We subtracted the incorrect money amounts from the correct money amounts to get her back payment of \$351.35. We then subtracted her previous overpayment of \$49.32 from this amount.
- Based on our rules, she is not eligible for SSI for any month in which she has resources over \$2,000.00. We do not count SSI back payments as a resource until 9 months after they are received.

To Whom this may Concern, I
Cassandra Mason reside at 1446
South 9th Street Camden New Jersey 08104.
I pay \$300.00 a month for rent to
Kathleen Baylock.

- Cassandra Mason
CKM 10/25/21

Deptford Center For Rehab and Healthcare
4770 White Plains Road
Bronx, NY 10470

Voucher Date
10/22/2021

Voucher Number
22514

***** This is not a check *****

Direct Deposit Amount \$ *****874.38

3913DEPT 0450 22514 70 CNA_NF

Pay to
the order of:

CASSAUNDRA MASON
1446 S 9th St
Camden, NJ 08104

Deptford Center For Rehab and Healthcare
4770 White Plains Road
Bronx, NY 10470

CASSAUNDRA MASON

Voucher Number: 22514

Employee Id	0450	Check Date	10/22/2021
Hire Date	12/22/2020	Period Begin	10/03/2021
Employee Status	A	Period End	10/16/2021

Pay Details

Earnings	Hours	Rate	Amount	YTD
Deptford Pandem	59.00	1.50	88.50	212.63
Regular	72.00	15.50	1,116.00	21,764.10
312 Union Diffe	73.25	0.50	36.63	821.80
Bonus	0.00		0.00	195.00
Holiday OT	0.00		0.00	348.75
Overtime	1.50	23.25	34.88	8,195.65
OT Premium	0.00	8.00	0.37	145.97
Retro	0.00		0.00	5.25
	205.75		1,276.38	31,689.15

Taxes		Taxable	Amount	YTD
Federal Income	S-	1,276.38	0.00	656.30
OASDI		1,276.38	79.14	1,964.73
Medicare		1,276.38	18.50	459.49
New Jersey SITW	HH-3	1,276.38	19.37	530.21
NJ FLI - EE		1,276.38	3.57	88.73
NJ Healthcare -		1,276.38	0.00	0.00
NJ SDI - EE		1,276.38	6.00	148.94
NJ SUI - EE		1,276.38	4.88	121.21
NJ Workforce -		1,276.38	0.54	13.47
		132.00		3,983.08

Deductions		Amount	YTD
Child Support I		170.00	2,720.00
Loan Given		0.00	-2,000.00
Loan Pay Back		100.00	1,200.00
		270.00	1,920.00

Other Info

Direct Deposits		Amount
CENTRAL NATIONAL BAN	****1152	874.38
		874.38

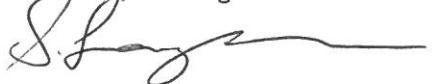
Review your name, address, and social security # on your stub carefully.
If you need a change, submit to HR with proof so it's corrected for your
year end W-2.

Monday October 25, 2021

To whom it may concern ,

I Shawnday pay Katheleen Baylock 300 dollars per month in rent.

Shawnday M. Langston

A handwritten signature in black ink, appearing to read "S. Langston".



H&M, HENNES & MAURITZ, L.P.
300 LIGHTING WAY, SUITE 100
SECAUCUS, NJ 07094
551-254-2700

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
NJ: Table A

Earnings	rate	hours	this period	year to date
Regular	19.4410	47.88	930.84	20,901.74
Ot 1.5X				42.27
Birthday				155.53
Holiday				619.07
Vac Carry Ovr				686.16
Vacation				1,463.80
Wellness				1,070.41
Gross Pay			\$930.84	24,938.98

Other Benefits and Information	this period	total to date
Tot Work Hours	47.88	
Worked Hours	47.88	1,084.19
EMPLOYEE ID		032771

Deductions	Statutory	
Federal Income Tax	-85.81	2,526.56
Social Security Tax	-57.72	1,546.22
Medicare Tax	-13.50	361.62
NJ State Income Tax	-14.77	460.06
NJ SUI Tax	-3.96	105.99
NJ Paid Family Leave Ins	-2.61	69.83
Net Pay	\$752.47	
Checking 1	-752.47	
Net Check	\$0.00	

Your federal taxable wages this period are \$930.84
Your NJ taxable wages this period are \$930.84

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H&M, HENNES & MAURITZ, L.P.
300 LIGHTING WAY, SUITE 100
SECAUCUS, NJ 07094

Advice number: 00000360607
Pay date: 09/10/2021

Deposited to the account of
SHAWNDAY M LANGSTON

account number	transit	ABA	amount
xxxxxx5351	XXXX	XXXX	\$752.47

NOT A CHECK
this is NOT A CHECK
NON-NEGOTIABLE